Dorset Abilities Group

tuck by truck

Please complete and return this form to the Manager (Luke Tomlin) at the below address, marked '**Private and Confidential'**

GROUP MEMBER APPLICATION FORM

Application form for referral to **Dorset Abilities Group**

To be completed by the **APPLICANT** wishing to join the service and **CARE MANAGEMENT**

Please attach a copy of your current **RISK ASSESSMENT** & **CARE PLAN**

The information is supplied in the knowledge that is kept as confidential with restricted access. It will be used by the Dorset Abilities Group Manager to assess suitability to join the service.

Dorset Abilities Group,
110 Chickerell Road,
Weymouth,
Dorset,
DT4 0BT

PERSONAL DETAILS

	Name:		
	Address:		
	Home Number:		Mobile Number:
	Email Address:		
	Date of Birth:	Age:	

WHO WOULD YOU LIKE US TO CALL IN AN EMERGENCY?

	Name	Relationship to you:	
	Address:		
	Home Number:		Mobile Number:

CARE PROVIDER DETAILS

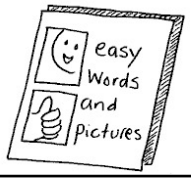
Please provide details of your care provider.	Please Tick				
Parental Care		Supported Living / Shared Lives		Independent Living	

	Care Provider Name & Address		
	Home Number:		Mobile Number/s
	Carer / Parental Email Address:		

OTHER PROFESSIONALS INVOLVED

	GP:
	Consultant:
	Care Manager / Social Worker:
	Other:

DO YOU HAVE ANY OF THE FOLLOWING?

		PLEASE TICK
	A learning disability?	
	Any physical disability?	
	Epilepsy?	
	A sensory impairment?	
	Asthma?	
	Allergy?	
	Do you have a SALT plan?	
Diabetes UK	Diabetes?	
	Any other disabilities / conditions?	

ABOUT YOU

If you answered YES to any of the previous questions, please provide further details:

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Do you have any fears / concerns that may have implications when attending our day service?

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……

Is there any other information we should know to enable us to support you when using our service?

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……
……

What goals / outcomes would you like to aim for during your time at Dorset Abilities Group?

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ABOUT YOU

Please list any other activities you are involved in and / or other support services you receive.

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Are you in receipt of any benefits?

ie PIP, ESA, DLA, DIRECT PAYMENTS, ISF, UNIVERSAL CREDIT, OTHER (if so, please list)?

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ABOUT YOU

Have you **ever hurt anyone?** **Yes / No**

If you have answered **YES** please provide details:

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.....

Do you **hurt yourself?** **Yes / No**

If you have answered **YES** please provide details:

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Have you **had any problems with the police?** **Yes / No**

If you have answered **YES** please provide details:

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Have you **ever ran away?** **Yes / No**

If you have answered **YES** please provide details:

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.....

Please use the space overleaf if needed.

YOUR INTERESTS

Dorset Abilities Group offers many different projects.
Please tick the project(s) that interest you.

tuck by truck ☐	Independent Living & Life Skills ☐	Your Voice ☐	Cooking School ☐
Health & Well-Being ☐	Social Group ☐	Sports Group ☐	Summer Sports Group ☐
Football Club ☐	Social & Horticulture ☐	Arts & Crafts ☐	Performing Arts ☐
Music Group ☐	The Caravan Project ☐	Saturday Youth Project (12-19) ☐	Saturday Club (20+) ☐
Cinema Club ☐	Book Club ☐	Other .... ☐	

HOW DO YOU COMMUNICATE?

Please tick the statement that best describes how you communicate.

I am able to communicate verbally. ✓

.....

I use a PECs system
(or detail what communication system you use)

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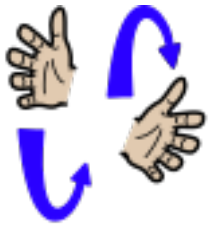

I sign
- I use Makaton
- I use BSL

.....

I use Zones of Regulation.

.....

I use picture/story boards.

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I have sensory needs (please add details or provide details of sensory assessment)

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MENTAL CAPACITY

Please tick the statement that best describes you.

I am able to make my own decisions.

.....

.....

.....

Sometimes my decision ability is temporarily affected by my seizures/health issues and I will need you to act in my best interests

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I am able to make my own decisions but need you to help me understand such as communicating with pictures, explaining the consequences.

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I struggle to make decisions without the help of people that know me well.

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PARENT / CARER DECLARATION

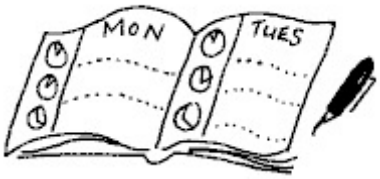
To the best of my knowledge the information given is correct.

I attach the latest:

Risk Assessment* ☐

Support Plan* ☐

I am recommending  **.....**



for a placement for ..... days a week.

I confirm there is funding for this placement.

Commissioned Services ☐

Direct Payment ☐

Self funding ☐

ISF ☐

Signed ..... (Referrer) Date.....

Name / Agency.....

***Where available, please ensure the latest Risk Assessment and Care Plan is provided.**

APPLICANT DECLARATION

To the best of my knowledge the information given is correct.

I give my permission for this personal information to be given to the Manager of Dorset Abilities Group.

Dorset Abilities Group

tuck by truck

Signed.....
Applicant / Group Member

PRINT NAME .....

DATE.....